

FORM NO. 5. MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia

(1) PLACE OF BIRTH

County of Abbeville

Township of Bordeaux

Inc. Town of M. Cornick

City of (No.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 101

File No.—For State Registrar Only

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Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child Agedo Jennings

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? No

(5) Number in order of birth 9th

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 25, 1915

FATHER.

(8) FULL NAME Richard Jennings

(9) PRESENT POSTOFFICE OF FATHER M. Cornick

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 46 (Years)

(12) BIRTHPLACE Abbeville County

(13) OCCUPATION Railroad

(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Thompson

(15) PRESENT POSTOFFICE OF MOTHER M. Cornick

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Abbeville County

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 M. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) M. W. Leatham

(24) State whether Physician or Midwife (25) Address of Physician or Midwife M. Cornick S. Co

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 1915 (28) J. B. Larrison Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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